

**Officeholder and Candidate
Campaign Statement –
Short Form**

5724

COPY FILER

Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)

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1. Statement Covers Calendar Year 20 25 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Anastasia Shackelford

STREET ADDRESS

CITY STATE ZIP CODE
La Habra CA 90631

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(310)367-3646

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Governing Board Member Trustee Area 5

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Lowell Joint School District (562) 902-4000

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

| COMMITTEE NAME AND I.D. NUMBER | COMMITTEE ADDRESS | NAME OF TREASURER |
|--------------------------------|-------------------|-------------------|
| | | |
| | | |

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of true and correct.

Executed on 7/24/2024
DATE

OFFICEHOLDER OR CANDIDATE